Practical Strategies for Integrating Clinical and Community Asthma Innovation with Sustainable Payment

May 4, 2015
2:00 p.m. ET
Agenda

• Joy Krieger, Executive Director, St. Louis Chapter, Asthma and Allergy Foundation of America
• Dr. Cary Sennett, President and CEO, Asthma and Allergy Foundation of America
• Dr. Stephen Cha, Chief Medical Officer, Center for Medicaid and CHIP Services, Center for Medicare and Medicaid Services
• Dr. Steven Farmer, Visiting Scholar, Brookings
• Question and Answer, moderated by Dr. Mark McClellan, Director, Health Care Innovation and Value Initiative, Brookings
Housekeeping

- To minimize feedback, please confirm that the microphone on your telephone is muted.

- To mute your phone, press the mute button or *6.

- There will be a question and discussion at the end of today’s session. Please use the chat window on the right to submit your questions throughout the webinar.

- Call the WebEx Help Desk at 1-866-229-3239 with technical problems.
Overview

• AAFA-STL and history of public policy successes
• Missouri Asthma Program
• RESCUE Program
• Why we have been so successful
History of AAFA-STL and Public Policy

• Short history!
• 2011-2012:
  • Formed Public Policy Committee in Fall 2011
  • Decided to pursue an emergency albuterol law
  • HB 1188 was passed in July 2012
  • Led to notoriety among school nurses
• 2014: we pursued a budget bill to reimburse healthy home assessments and asthma education
  • 5/8/2014 – Passed by both houses
  • 6/24/2014 – Vetoed by Governor
  • 9/10/2014 – Passed over Veto
  • Currently – Governor withholding funds
• 2015: Implementation of Budget bill through Dept. of Social Services and Missouri Asthma Program
Missouri Asthma Program (MAP)

- 5 year grant from the CDC for asthma in Missouri
- State-wide partnerships
- Developed a referral mechanism for high-risk asthma children
  - 2-3 home assessments, telephonic asthma coaching, and 2 asthma education sessions per year per client family
RESCUE

• Resources for Every School Confronting Unexpected Emergencies
• Provide School Nurses with asthma equipment
  • Spacers
  • Nebulizers
  • Tubing equipment and filters (for nebulizers)
  • Peak flow meters
• School must have greater than 50% free/reduced lunch
• School must be within our geographic coverage region
AAFA-STL’s RESCUE Program: Schools Served

- 2011: 56
- 2012: 83
- 2013: 155
- 2014: 176

HB 1188 passed!
AAFA-STL’s Success

• Engage community partners!
• Know your state leaders!
  • Dept. Of Health, Dept. of Social Services
  • Legislators
  • Political climate
  • Face-to-face meetings do make a difference!
• Partner! Partner! Partner!
  • Only build bridges!
  • Don’t accept “no” as the end
Improving Outcomes for People with Asthma

It Takes a Village...

Cary Sennett, MD, PhD, FACP
President and CEO
Asthma and Allergy Foundation of America
Asthma is a complex chronic condition—for which there is no cure, but for which **effective strategies for management exist** for most of those affected by it.

Effective management requires **coordinated action on a broad set of fronts**.

**Current healthcare systems**—both financing and delivery—are poorly designed to drive and enable that coordination.

That said, **some have made (significant) progress**.
THE SOLUTION PATH

- A population health perspective—a patient-centered view
- Flexibility/adaptability/local customization
- Incentives/alignment of incentives
- Meaningful metrics—and the data needed to inform them
- Rapid cycle innovation—and vehicles to harvest and rapidly disseminate learning and enable/support change
### Prevalence Factors

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<th>2015 national rank</th>
<th>Total score</th>
<th>Rank last year</th>
<th>Metro area</th>
<th>Estimated asthma prevalence</th>
<th>Self-reported asthma prevalence</th>
<th>Crude death rate for asthma</th>
<th>Annual pollen score</th>
<th>Air quality</th>
<th>&quot;100%&quot; public smoke-free laws</th>
<th>Poverty rate</th>
<th>Uninsured rate</th>
<th>School inhaler access law</th>
<th>ER visits for asthma</th>
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### Risk Factors

### Medical Factors

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More than 3-fold difference in death rates from asthma

More than 4-fold difference in rates of ER visit

More than 2-fold difference in rates of rescue inhaler use

http://www.asthmacapitals.com/
Executive Summary

This case study explores the role of emerging payment models in supporting care redesign for patients with poorly controlled pediatric asthma. It describes the Community Asthma Initiative (CAI), a successful initiative developed at Boston Children’s Hospital that has culturally sensitive education and environmental remediation services to improve outcomes for high risk patients. However, these services are rarely covered through fee-for-service (FFS) payment models. Asthma programs providing these services have often relied on short-term grant support and philanthropic funding, but these funding mechanisms are inefficient and unstable. Alternative payment models (APMs) offer a path to sustainable change that improves value for the patient and health care system.
KNOWLEDGE IS SPREADING!

http://asthmacommunitynetwork.org/
BUT WE NEED MORE AND FASTER!
System Transformation through Sustainable Payment

Steven Farmer, MD, PhD
Visiting Scholar, Brookings Institution
Associate Professor of Medicine and Public Health, George Washington University
System Misalignment

Opportunities for transformation not well-supported

Medical Services and Providers
- No clear coordination, contracting, or payment mechanisms with others
- No existing infrastructure to provide non-traditional services
- Competing priorities

Public Health, Community and Social Services, and Providers
- Not eligible providers for some payers
- Competing priorities
- Legal authority
- Small budgets

Opportunities for Asthma Care
Delivery and System Transformation

• No “one size fits all” solution
  – Local Context: urban vs rural
  – Need to leverage existing resources
  – Exact replication may not be possible
Delivery and System Transformation

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• Opportunities for Linkages
  – CDC/State Health Departments: data
  – Hospitals and physicians: referrals
  – Schools: reinforce education, medication adherence
Person/Population based Payment Mechanisms

Catalyst for Care Redesign

High

None

Prospective Bundle
Retrospective Bundle
Shared Savings
Grant
Enhanced FFS (coordination add-on)
FFS

Partial Capitation

Shared Savings and Shared Risk

Comprehensive Capitated Payment

Shift Toward Value Based Reimbursement

High
Quality Measures

• Patient-Centered Outcomes
  – Process: evidence based practice
  – Outcome: improved symptom control, decreased absenteeism
Quality Measures

- Patient-Centered Outcomes
  - Process: evidence based practice
  - Outcome: improved symptom control, decreased absenteeism

- Physicians and Beyond
  - Transparency: how are providers and services evaluated
  - Timely: feedback needs to be timely
  - Actionable: feedback must drive change
Policy Recommendations

1. Shift the emphasis from health care to health
2. Develop meaningful and valid metrics of success
3. Align finances across organizations and pay for outcomes
Question and Answer

• Please submit questions using the question box at the bottom right of your screen

#AsthmaAwareness
Thank You

- We appreciate Dr. Richard Merkin Initiative on Payment Reform and Clinical Leadership and the Asthma and Allergy Foundation of America for their funding of this webinar.

- The webinar video archive, slides, and additional material will be placed on http://www.brookings.edu/about/projects/merkin-initiative.

- For further information, please feel free to reach out to mgeorge@brookings.edu.

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